2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000007618

1. Entity Name
DEAN'S UPHOLSTERY, INC.

Principal Place of Business	Mailing Address
105 F. HIGHWAY 301 SOUTH TAMPA, FL 33619	105 F. HIGHWAY 301 SOUTH TAMPA, FL 33619

01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553206
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STULL, R J
602 S. BOULEVARD
TAMPA, FL 33606

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSER, DEAN
STREET ADDRESS	105 F. HIGHWAY 301 SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP
NAME	SKROCKI, THOMAS J
STREET ADDRESS	105 F HIGHWAY 301 SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	S
NAME	MOSER, TINA M
STREET ADDRESS	105 F HIGHWAY 301 SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	TD
NAME	JONES, CHARLES O
STREET ADDRESS	4423 TEVALO DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/04-80003-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-15-04 (813)628-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #